

**MULTIPLE DEPEND. CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/019353

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/	/	
3		/		/	/	
4		/		/	/	
5		/		/	/	
6		/		/	/	
7		/		/	/	
8		/		/	/	
9		/		/	/	
10		/		/	/	
11		/		/	/	
12		/		/	/	
13		/		/	/	
14		/		/	/	
15		/		/	/	
16		/		/	/	
17		/		/	/	
18		/		/	/	
19		/		/	/	
20	/		/		/	
21		/		/	/	
22	/		/		/	
23		/		/	/	
24		/		/	/	
25		/		/	/	
26		/		/	/	
27		/		/	/	
28		/		/	/	
29		/		/	/	
30		/		/	/	
31		/		/	/	
32		/		/	/	
33		/		/	/	
34		/		/	/	
35		/		/	/	
36		/		/	/	
37		/		/	/	
38	/		/		/	
39		/		/	/	
40	/		/		/	
41	/		/		/	
42		/		/	/	
43		/		/	/	
44		/		/	/	
45		/		/	/	
46	/		/		/	
47		/		/	/	
48		/		/	/	
49		/		/	/	
50		/		/	/	
TOTAL IND.	9					
TOTAL DEP.		10				
TOTAL CLAIMS	9	10				

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/	/	
52		/		/	/	
53		/		/	/	
54	/		/		/	
55		/		/	/	
56		/		/	/	
57	/		/		/	
58	/		/		/	
59		/		/	/	
60		/		/	/	
61		/		/	/	
62		/		/	/	
63		/		/	/	
64		/		/	/	
65		/		/	/	
66		/		/	/	
67		/		/	/	
68		/		/	/	
69		/		/	/	
70		/		/	/	
71		/		/	/	
72		/		/	/	
73		/		/	/	
74		/		/	/	
75		/		/	/	
76		/		/	/	
77		/		/	/	
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83		/		/	/	
84		/		/	/	
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92		/		/	/	
93		/		/	/	
94		/		/	/	
95		/		/	/	
96		/		/	/	
97		/		/	/	
98		/		/	/	
99		/		/	/	
100		/		/	/	
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS